

If you are applying for a school bus driver position, have you been convicted of or pled guilty or no contest to any traffic offense during the past five years?
Yes_____No_____

NOTE: Conviction of a crime will not necessarily disqualify you for employment.

(Resumes may be enclosed but the Employment Data/Personal References section must be completed.)

EMPLOYMENT DATA

Beginning with last or present job, list all past employment:

Name of Firm_____Address_____

Supervisor _____Salary Per_____

Employed from_____to_____ Part-time/Full-time_____

Type of Work_____

Reason for leaving_____

Name of Firm_____Address_____

Supervisor _____Salary Per_____

Employed from_____to_____ Part-time/Full-time_____

Type of Work_____

Reason for leaving_____

Name of Firm_____Address_____

Supervisor _____Salary Per_____

Employed from_____to_____ Part-time/Full-time_____

Type of Work_____

Reason for leaving_____

Name of Firm _____ Address _____

Supervisor _____ Salary Per _____

Employed from _____ to _____ Part-time/Full-time _____

Type of Work _____

Reason for leaving _____
.....

If presently employed, may inquiry be made to your employer regarding your record of employment? _____

Educational Data

Circle highest year of education completed and list degrees received.

Elementary School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6 7

Degrees _____

Give name and address of last attended and dates attended:

List course of study:

List any special training you have had and where received:

Personal References

Do not give relatives. Give complete addresses for all references.

Name: _____ Occupation: _____

Street Address:

City: _____ State: _____ Zip Code: _____ Tel. No. _____
.....

Name: _____ Occupation: _____

Street Address:

City: _____ State: _____ Zip Code: _____ Tel. No. _____

Name: _____ Occupation: _____

Street Address:

City: _____ State: _____ Zip Code: _____ Tel. No. _____

The Winston-Salem/Forsyth County School System does not discriminate in the hire, tenure, or promotion of employees on the basis of race, religion, sex, national origin, age, or disability, unless the disability to some degree prevents the applicant from performing the duties required by the employment sought.

The facts and answers in this application are true to the best of my knowledge. I understand that a false or dishonest statement will make the application invalid and if employed would be cause for immediate discharge.

Signature: _____

WINSTON-SALEM/FORSYTH COUNTY SCHOOLS

Human Resources

Authorization for Release of Confidential Information

I, _____, an applicant for employment with the Winston-Salem/Forsyth County Schools hereby authorize former employers, colleges and schools, teachers or professors, physicians, hospitals, law enforcement agencies and any other persons, agencies, or organizations to release to the Human Resources Department of the Winston-Salem/Forsyth County Schools any information in their possession concerning my performance as an employee, my academic record, my state of health (both physical and mental), my record of convictions of criminal offenses or any other information relevant to my qualifications for employment by the said school system.

I hereby release and covenant not to sue any former employer, college, school teacher or professor, physician, hospital, law enforcement agency (or official) or any other person, agency, or organization which provides information to the Human Resources Department of the Winston-Salem/ Forsyth County Schools in good faith in response to a request for information concerning my qualifications for employment by the said school system.

This the _____ day of _____, 20_____

Signature

Print Name

S.S. #

Current Address

City

State

Zip

**WINSTON-SALEM/FORSYTH COUNTY SCHOOLS
CRIMINAL HISTORY BACKGROUND CHECK AUTHORIZATION**

This document is to inform you, as a part of our procedure for determining your eligibility to be and/or remain employed by the Winston-Salem/Forsyth County Board of Education (“WS/FCS”), your criminal history record may be obtained. **The WS/FCS will NOT be reviewing your credit report, which contains your credit history and score, and could do so only if we obtain a separate authorization from you for this purpose.** Note, however, the Fair Credit Reporting Act (“FCRA”), despite its name, still governs background checks solely seeking criminal history records.

1. I hereby consent to and authorize the WS/FCS to obtain one or more criminal history reports (these reports may be of the type governed by the FCRA) on me in connection with my potential and/or continued employment with the WS/FCS. Such criminal history reports include information regarding my criminal record and my driving record.
2. I understand the agencies from which these criminal history reports may be sought will be third-party vendors. These vendors may be of the type governed by the FCRA.
3. I also understand this authorization, in original or copy form, shall be valid for this **and** any future criminal history reports or updates requested in connection with my employment by the WS/FCS, including criminal history reports conducted on a daily, periodic, selective, random or rotating basis once hired.
4. I understand that WS/FCS has the right to review the results of my criminal history report, and to make decisions regarding my suitability for employment/continued employment based on facts to include but not limited to any convictions recorded.
5. I acknowledge I have read the information contained on this form carefully and certify all of the information completed by me on the attached data sheet and as contained in my previous application for employment with the WS/FCS (and any attachments to it) were and are true and complete to the best of my knowledge.
6. I understand any omission of fact or false or misleading information given in this background check authorization and data form (and any attachments to it), and as contained in my previous application for employment with the WS/FCS (and any attachments to it), may result in suspension or discharge, as applicable.
7. I understand WS/FCS Policy 4114.3, Conditions of Employment Security Checks, requires me to report to Human Resources and/or my Supervisor any future arrests, charges or convictions that may occur during my employment. I understand such reports must occur within five (5) business days of occurrence.

Date: _____

Signature: _____

Print Name: _____

I understand my signature authorizes WS/FCS to conduct a criminal background check.

**WINSTON-SALEM/FORSYTH COUNTY SCHOOLS
CONDITIONS FOR EMPLOYMENT**

A prospective employee who does not meet the following conditions for employment will have the offer of employment rescinded.

1. Approval of the Board of Education

2. Negative result on the school system's pre-employment drug screening test

3. Negative report on the pre-employment health screening for the presence of tuberculosis and other communicable diseases which would impair your job performance

4. Satisfactory criminal record check

5. The prospective employee understands that compensatory time off will be given in lieu of overtime pay unless at the discretion of the school system overtime pay at the rate of 1.5 times the employee's regular rate of pay may be provided with prior approval from the school system

Signature

Date

WS/FCS Voluntary Equal Employment Opportunity Identification

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. The EEOC has recently announced several changes to the job categories and rearranged its race and ethnicity groupings. Therefore, we are asking employees and applicants to complete a new voluntary self-identification sheet below so that we can properly update our records according to these new report requirements.

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records and will only be accessed by Human Resources Department personnel. Please return completed forms to the Human Resources Department.

Name: _____ Date completed: _____

Job Title: _____

GENDER: _____ Male _____ Female

ETHNICITY:

Are you of **Hispanic or Latino** ethnicity – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race?

___ Yes ___ No

RACE: Please check one or more of the descriptions below corresponding to the racial group with which you identify.

___ **White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ **Black or African American** – A person having origins in any of the black racial groups of Africa.

___ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Regulations issued by the US Department of Labor with respect to disabled individuals, disabled veterans and Vietnam Era veterans require that federal contractors provide opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis on a confidential basis for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

Disabled Person Vietnam Era Veteran Special Disabled Veteran
(30% or more disability)

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between 08/05/64 and 05/07/75 and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between 08/05/64 and 05/07/75.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

PLEASE RETURN FORM TO HUMAN RESOURCES DEPARTMENT. Thank you for your participation.