

**WEIMAR INDEPENDENT SCHOOL DISTRICT**

506 W. MAIN ST.  
WEIMAR, TEXAS 78962  
(979) 725-9506

**APPLICATION ADDENDUM FOR SCHOOL BUS DRIVERS**

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Each person who applies to be a bus driver must provide the following information at the time of application. Note: Bus drivers must pass a physical examination and drug test.

*An Equal Opportunity Employer\**

**Personal Data**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Hours available for work \_\_\_\_\_ Driver's license number \_\_\_\_\_ Type \_\_\_\_\_

Do you have a Texas School Bus Driver Training Certificate?.....  Yes  No

Have you ever had a driver's license suspended, revoked, or cancelled? .....  Yes  No

If you answered yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges or proceedings pending against you? .....  Yes  No

If you answered yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for any traffic violation? .....  Yes  No

If yes, state where, when, and the nature of the offense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the past two years, have you failed an employer's alcohol or drug test? .....  Yes  No

If you answered yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**Driving Experience**

Provide your work history information for the past 10 years on all jobs for which you were a driver of a commercial motor vehicle. List the most recent experience first. Continue on another sheet if necessary.

| Employer address and phone | Kind of work | Dates employed | Reason for leaving |
|----------------------------|--------------|----------------|--------------------|
|                            |              |                |                    |
|                            |              |                |                    |
|                            |              |                |                    |
|                            |              |                |                    |
|                            |              |                |                    |
|                            |              |                |                    |
|                            |              |                |                    |

**Verification**

I hereby affirm that all the information provided in this application is true and accurate to the best of my knowledge and I understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

I understand that the district is required by Title 37 Texas Administrative Code §14.14(b) to review my complete driving record, is required by federal regulations to obtain alcohol and drug testing results from previous employers for two years prior to this application, and required by Texas Education Code §22.0833 and Transportation Code §521.022 (f) to conduct a criminal history record check.

Furthermore, I authorize the information I've provided to be used; authorize previous employers to be contacted for investigative purposes; and release all parties from any liability for damage that may result from furnishing information to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status.*



**CRIMINAL HISTORY INFORMATION REQUEST**

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**Confidential\***

The Weimar Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

*Please print.*

Name \_\_\_\_\_  
*Last First Middle*

Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Driver's License \_\_\_\_\_  
*State and Number*

Mailing Address \_\_\_\_\_  
*Street City State Zip*

Sex:  Male  Female

Ethnicity:  Black  White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* This form will be removed from the application and filed separately in the HR office.

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.  
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Weimar Independent School District  
Agency Name (Please print)

\_\_\_\_\_  
Tammy Johnson  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

|  |                         |
|--|-------------------------|
| <b>Please:</b>                                 |                         |
| <b>Check and Initial each Applicable Space</b> |                         |
| CCH Report Printed:                            |                         |
| YES _____                                      | NO _____ initial        |
| Purpose of CCH: _____                          |                         |
| Hire _____                                     | Not Hired _____ initial |
| Date Printed: _____                            | _____ initial           |
| Destroyed Date: _____                          | _____ initial           |
| <b>Retain in your files</b>                    |                         |