

Are you fluent in speaking other languages? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please specify: \_\_\_\_\_

**PERSONAL REFERENCES:**

Complete name, address, and phone required.

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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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May we conduct a personal background check, including contact of your references named above, and review other records as may be required for some positions?

\_\_\_\_\_YES \_\_\_\_\_NO

Please include an additional sheet for any additional applicant information which has not been requested on the application, but which you feel could be relevant to your qualifying for the job for which you are applying.

**CERTIFICATION STATEMENT:** I certify that all answers to questions on this application are true and complete to the best of my knowledge. I understand and agree that false or missing job related information will result in the forfeiture on my part of all rights to any employment with the Rock-Walworth Comprehensive Family Services, Inc. Early Head Start and Head Start Program.

**I agree to report in writing to my employer, within 10 days:**

- 1) Any accident in which I was involved as the operator of any motor vehicle regardless of who was at fault or if citations were issued;
- 2) Any conviction or operating privilege withdrawal listed under s.343.12(7) Wisc. Stats. or Ch. Trans. 112.15 WI Admin. Code that makes the operator ineligible to operate a motor vehicle to transport pupils;
- 3) If I hold a school bus endorsement, any incidents that would disqualify me for holding that endorsement;
- 4) Any suspension or revocation of my operating privilege;
- 5) Any cancellation of my school bus endorsement by this state or another jurisdiction.

**I understand that I may not falsify or provide incomplete information in respect to any material fact on this or any other background information form.**

**I also understand that it is my responsibility to report any new medical condition or a medical condition that has significantly changed since my last report.**

Signature

Date



**Rock-Walworth Comprehensive Family Services, Inc.**  
**Head Start and Early Head Start@**  
**Application for Bus Driver / Transportation Relief Worker**  
*An Equal Opportunity Employer*

**Instructions:** Print all information. Use typewriter or pen. Complete all sections of the application fully and accurately.  
 Return completed application to: **Rock-Walworth Comprehensive Family Services, Inc. Head Start and Early Head Start, 1221 Henry Avenue, Beloit, WI 53511**

**NOTE:** Complete an application for each position for which you are applying.

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**Last Name** **First Name** **Middle**

**Social Security Number:** \_\_\_\_\_

<b>Complete Mailing Address:</b> Street/No. _____ City _____ State _____ Zip _____	<b>Home Phone Number:</b> _____ <b>Work Phone Number:</b> _____
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Some positions require that you have access to a car. Do you have access to a car for work?      **YES**      **NO**

Do you have a valid driver's license?      **YES**      **NO** # \_\_\_\_\_ State \_\_\_\_\_

Do you have a CDL (Commercial Driver's License)?      **YES**      **NO**

If yes, do you have a School Bus Endorsement?      **YES**      **NO**

Do you hold a driver's license in more than one state?      **YES**      **NO**

**YES**      **NO**

Have you ever been convicted of a crime or other offense listed under s.343.12(7) Wis. Stats. or Ch. Trans. 112.15 WI Admin. Code?

Are you currently listed on any sex offender registry?

Are you currently on any nurse abuse registry?

Explain "YES" answers \_\_\_\_\_

**YES**      **NO**

Have you been a Wisconsin resident for the previous 3 years?

If you checked "NO", list all other state(s) in which you have been a resident during the previous 2 years:

State(s): \_\_\_\_\_

- Have you been convicted of any of the offenses listed below in the previous 2 years:
- a. Reckless or careless driving?
  - b. Homicide or great bodily harm resulting from the operation of a motor vehicle?
  - c. Operation of a motor vehicle in any state, while under the influence of an intoxicant, controlled substance, or combination?
  - d. Operating a motor vehicle while operating privileges are suspended or revoked?
  - e. Operating a motor vehicle while possessing an intoxicating beverage?
  - f. Operation of a motor vehicle within 4 hours of consuming an intoxicant?

Have you ever been **CONVICTED** of any other violations of law including traffic violations?

**YES**

**NO**

Convictions are **NOT** an automatic bar to employment. Each case is considered on its own merit. Please explain any convictions, giving charges, location, court, date of conviction, disposition of case by court. Use additional sheet if necessary.

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Are you legally authorized to work in the U.S.?

**YES**

**NO**

Are any of your relatives either an employee of this agency, or in a summer lay-off status, or a member of the agency's Board of Directors, or the agency's Policy Council?

**YES**

**NO**

If yes, give relative's name, relationship to you, and position with this agency: \_\_\_\_\_

Are you a present or past Head Start parent?

**YES**

**NO**

Program

Name/Center: \_\_\_\_\_

<b>EDUCATION AND TRAINING:</b>		Circle the highest grade or year completed in school:											
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
Name and location of high school at which your diploma was granted. Graduated?												Yes	No
Name of high school												City/State	

Training beyond high school: college or university, nursing, business college, or other schools you have attended. Under credit earned indicate (Q) for Quarter hours and (S) for semester hours.

Circle the number of years in college or university:

Years Completed:

1

2

3

4

Name & Location	Credits Earned (Q or S)	Major/Field of Study

Describe any education or training you have had which is not covered above (vocational school, corresponding courses, service schools, in-service training, GED equivalency, etc.) which you feel is relevant to the job(s) for which you are applying. Use additional sheet if necessary.

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**EMPLOYMENT BACKGROUND**

**Start with most recent or current employer. List all employees for the last ten years.**

<b>Employer:</b>	<b>Job/Title/Position:</b>
<b>Complete Address:</b>	<b>Immediate Supervisor's Name/Title:</b>
<b>Length of Service:</b> <b>Start Date:</b> <b>End Date:</b>	<b>Brief Description of Duties:</b>
<b>Reason for Leaving:</b>	
<b>Weekly/Monthly Salary</b> <b>Start:</b> <b>Final:</b>	
	<b>Was a CDL required?      Yes      No</b>
<b>Employer:</b>	<b>Job/Title/Position:</b>
<b>Complete Address:</b>	<b>Immediate Supervisor's Name/Title:</b>
<b>Length of Service:</b> <b>Start Date:</b> <b>End Date:</b>	<b>Brief Description of Duties:</b>
<b>Reason for Leaving:</b>	
<b>Weekly/Monthly Salary</b> <b>Start:</b> <b>Final:</b>	
	<b>Was a CDL required?      Yes      No</b>
<b>Employer:</b>	<b>Job/Title/Position:</b>
<b>Complete Address:</b>	<b>Immediate Supervisor's Name/Title:</b>
<b>Length of Service:</b> <b>Start Date:</b> <b>End Date:</b>	<b>Brief Description of Duties:</b>
<b>Reason for Leaving:</b>	
<b>Weekly/Monthly Salary</b> <b>Start:</b> <b>Final:</b>	
	<b>Was a CDL required?      Yes      No</b>

If necessary, attach additional sheets using the above format to provide employment data describing qualifying experience.