

**BETHANY COMMUNITY
MIDDLE SCHOOL**

Submit To:
Bethany Community Middle School
181 Bethany Road
Reidsville, NC 27320

Phone: (336) 951-2500

E-mail: info@bcmschool.com Fax: (336) 951-0087

Classified Application

_____ New Applicant _____ Former Employee

PERSONAL INFORMATION

Name: _____ **Social Security #** _____
First Middle/Maiden Last

Permanent Address: _____
Street City State Zip

Home Phone: (____) _____ Office: (____) _____ Contact: (____) _____

Residence (Begin with most recent)

Address (Street, City, State)	County	Dates (Yrs./Months)

Position Applying For: (Teacher Assistant, Secretary, Clerical, Custodian, Maintenance, Child Nutrition, Transportation, School-Age Child Care, Bus Driver, etc.)

First Choice _____ **Second Choice** _____
Third Choice _____ **Date Available For Employment** _____

CERTIFICATION INFORMATION If applicable, enclose a copy of certificate(s) or license(s).

Certification Area(s) or License(s) Held	Class	Date Expires

EDUCATIONAL PREPARATION Enclose a copy of college transcripts.

High School Attended: _____ Location: _____
 Highest Grade Completed: _____ Graduation Date _____

Name of College or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance From To

ADDITIONAL INFORMATION

Yes No If you answer yes to any of the questions below, please explain on a separate page and include in this application.
 _____ Have you ever been suspended, dismissed, fired, or discharged from a position of employment?
 _____ Have you ever been asked to resign from a position of employment?
 _____ Have you ever been convicted of any violation of the law other than a minor traffic ticket?

Driver's License Number _____ State _____ Class _____ Issue Date _____ Expiration Date _____

Violations (Begin with most recent)

- _____ **Date** _____
- _____ **Date** _____
- _____ **Date** _____
- _____ **Date** _____

Misdemeanor Conviction

- _____ **Date** _____
- _____ **Date** _____
- _____ **Date** _____
- _____ **Date** _____

Criminal Conviction

- _____ **Date** _____
- _____ **Date** _____
- _____ **Date** _____
- _____ **Date** _____

WORK EXPERIENCE List work experience chronologically.

School/Business	Address	Position/Duties	Beginning/Ending Dates Mo./Day/Yr.	Full-Time or Part-Time

REFERENCES

It is the applicant's responsibility to have the following information provided for the school system in order to be considered for employment. The names of at least three reference sources must be provided and must include current employer, if employed, or last employer, if not currently employed.

References from relatives or persons who can evaluate only your personality and character are not acceptable.

Name of Reference	Position/Relationship	Complete Mailing Address	Phone Number	
			Work	Home

May we contact your last employer? Yes No

RELATED ACTIVITIES

List below those school activities in which you are interested and which you are qualified to supervise, coach, or direct. Be specific about coaching experience and use another page if needed.

Other Interests: _____

The undersigned applicant/employee hereby expressly authorizes the Board of Directors, its agents, and its employees to make any investigation of my personal or employment history, expressly including, but not limited to, federal and/or state criminal, law enforcement, or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Board of Directors, its agents, or its employees any information they may have regarding me. In consideration of the review of my employment application by the Board of Directors, its members, officers, agents, or its employees, I hereby release the Board of Directors and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information. A copy of this consent and release shall be considered as a duplicate original.

I have read the information contained in the application carefully and certify that the information I have given is correct and complete. I understand that any falsification of information or failure to disclose a criminal conviction shall constitute grounds for non-consideration of my application, or for my dismissal if I am employed before the falsification or failure to disclose is discovered.

Date _____ Signature _____

Bethany Community Middle School is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, age, disability, or national origin.

0205 ISSUING OF ORIGINAL CERTIFICATE

Any applicant for certification as a school bus driver shall meet the following requirements:

- (1) **Legal:**
- (a) Shall possess a valid North Carolina driver license of Class A, B, or C. In the event a prospective driver shall have his place of residence in another state, he may be certified as a school bus driver if he submits a copy of his driving record from the state in which he is licensed before his initial certification and every six (6) months thereafter.
 - (b) Shall within a period of one (1) year immediately preceding certification have on his driving record:
 - (i) No more than one (1) conviction of any moving violation;
 - (ii) No conviction whatsoever of:
 - (A) Reckless Driving
 - (B) Speeding in excess of 15mph above the posted limit, or
 - (C) Passing a stopped school bus;
 - (iii) No conviction of a moving violation which was the proximate cause of an accident.
 - (c) Shall within a period of two (2) years immediately preceding certification have on his driving record no suspension or revocation of the driving privilege other than for such status offenses as:
 - (i) Lapsed liability insurance;
 - (ii) Failure to appear in court;
 - (iii) Failure to comply with out-of-state citation or
 - (iv) A ten-day revocation not accompanied by a subsequent conviction of driving while impaired.
 - (d) Shall within a period of five (5) years immediately preceding certification have on his driving record:
 - (i) No more than three (3) convictions of moving violations of any kind;
 - (ii) No more than two (2) convictions of moving violations which were the proximate causes of accidents;
 - (iii) No conviction of driving while impaired;
 - (iv) No suspension or revocation of the driving privilege other than for:
 - (A) Those status offenses enumerated in Paragraph "c" of this rule,
 - (B) Those offenses enumerated in G.S. 20-16, subsections (9) and (10).
 - (e) Shall have on his driving no more than one conviction of driving while impaired.
 - (f) Shall have no "STOP" entry appearing on his driving record at the time of certification.
 - (g) Shall have no record of any conviction of a violation of the criminal code greater than a misdemeanor for a period of at least five (5) years immediately preceding certification. Further, shall never have had in any jurisdiction a conviction of an offense against the public morals, including, but not limited to rape and child molestation.
 - (h) Shall have a driving record which in its overall character arouses no serious question about the reliability, judgment, or emotional stability of the applicant.
 - (i) Shall successfully complete the training course for school bus drivers.
- (2) **Physical Standards for School Bus Drivers.** Shall be physically able-bodied and free of any physical handicap, which might hinder the safe and reasonable operation of a loaded school bus. Shall meet the physical standards of the interstate Commerce Commission for interstate operation of commercial vehicles, as set forth for school bus drivers by the Medical Adviser, Highway Safety Branch, Epidemiology Section, Division of Health Services, North Carolina Department of Human Resources, to with:
- (a) A person is not medically qualified to drive a school bus if he or she:
 - (i) Has an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (other drug regimens may also be disqualifying);
 - (ii) Has a current clinical diagnosis of myocardial infraction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;
 - (iii) Has an established history or clinical diagnosis of a respiratory dysfunction likely to interfere with ability to control and drive a motor vehicle safely;
 - (iv) Has a current clinical diagnosis of high blood pressure likely to interfere with the ability to operate a motor vehicle safely;
 - (v) Has an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with ability to control and operate a motor vehicle safely;

- (vi) Has an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a motor vehicle safely;
- (vii) Has a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with ability to drive a motor vehicle safely;
- (viii) Does not have a distant visual acuity of at least 20/40 (Snellen) in each eye corrected or uncorrected, field of vision of at least 75 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
Note: The presence of ophthalmic disease such as cataracts, glaucoma, retinitis pigmentosa, etc., may be disqualifying.
- (ix) First perceives a forced whispered voice in the better ear at less than five (5) feet with or without the use of a hearing aid or, if tested by use of an audiometric device, has an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard 724.5-1951).
- (b) A person is also not medically qualified to drive a school bus if he or she:
 - (i) Uses an amphetamine, narcotic, or any habit-forming drug;
 - (ii) Has a clinical diagnosis of alcoholism; or
 - (iii) Is determined to be medically unqualified to drive after a medical examination or if he/she fails or refuses to submit to an examination every two (2) years.
- (c) A medical report (DL-78) may be required of the applicant – or if the condition becomes known after certification, of the certified driver – for a determination of competency by the staff of the School Bus and Traffic Safety Section in consultation with such medical authorities as may be designated by the Medical Advisor.
- (d) Any school bus driver aged 65 and older shall be required annually to submit a statement from his personal physician, on a form supplied by the Division of Motor Vehicles, that he is fit and able to operate a school bus safely.

Other Requirements:

- (1) The driver shall provide a safe and reasonable place to park the school bus.
- (2) All school buses shall be parked at the school or the school bus garage during the school day.
- (3) Only assigned students may be transported on school buses.

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to Rockingham County Schools hiring officials. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

Signature of Applicant (Unsigned applications will not be processed)

Date