



## REFERENCES

Name of Reference	Position	Present Address (Street-City-State-Zip)	Phone Number

In the space provided below, you may provide additional information which will help us make the best evaluation of your application.

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## PERSONAL DATA

- A. Are you a citizen of the United States?    Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Have you missed time from work or studies because of physical injury or prolonged illness?    Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Have you ever been convicted of any crime other than a minor traffic violation?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Have you ever been discharged or requested to resign from a former position?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
Note: If the answer to questions, D, E, or F is yes, give details below.
- \_\_\_\_\_
- E. Are any criminal charges or proceedings pending against you? (If yes, explain below.)  
Yes \_\_\_\_\_ No \_\_\_\_\_
- \_\_\_\_\_
- F. Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? (If yes, explain below.)    Yes \_\_\_\_\_ No \_\_\_\_\_
- \_\_\_\_\_
- G. Are you related to any School Board Member or to the Superintendent?  
Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, relationship \_\_\_\_\_

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, references, and any other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Virginia or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**OFFICE OF THE SUPERINTENDENT  
WESTMORELAND COUNTY PUBLIC SCHOOLS  
141 OPAL LANE  
MONTROSS, VIRGINIA 22520  
(804) 493-8018**

**INFORMATION FOR APPLICANTS**

- APPLICATION**      The Westmoreland County School Board actively seeks applications from the most capable professional candidates. We expect applicants will complete all items on the attached form thoughtfully and represent themselves precisely and fully to their best advantage.
- Completed applications should be returned to:
- Personnel Office  
Westmoreland County Public Schools  
141 Opal Lane  
Montross, Virginia 22520
- PROCESS**      An application file will be established, and each candidate is responsible for forwarding for inclusion therein:
1. Copy of high school diploma or GED.
  2. Three letters of reference, two of which are from previous or current employers.
- REVIEW**      Applicants will be considered on the basis of their qualifications:
1. Successful experience in a similarly challenging setting.
  2. Educational credentials which match the needs of the position.
- INTERVIEWS**      Interviews are scheduled only for those applicants whose experiences and training are considered to fulfill most completely the requirements of a specific vacancy which is definitely known or which is strongly anticipated.
- OTHER OFFERS**      Applicants who are offered contracts with other employers but who want to know the status of their application in Westmoreland County may at any time contact the Personnel Office for an up-to-date assessment of their candidacy.
- REACTIVATION**      Applications remain active during one school year. Candidates wishing to be reconsidered the following year need only inform the Personnel Office by post-card, noting name on original application and position applied for. Changes of name, address, zip code or phone should be clearly noted.

**NOTICE TO POTENTIAL EMPLOYEES  
OF THE  
WESTMORELAND COUNTY SCHOOL BOARD**

- A. All persons offered positions with the Westmoreland County School Board are required to authorize the county to conduct a Criminal History Record Request. The School Board will pay for the Name Search of the Central Criminal Records Exchange of the State Police and a Federal Bureau of Investigation fingerprint check. Satisfactory outcome of the Criminal Record Check is a condition of employment. **Do not complete the Criminal History Records Request or Tuberculosis Testing until authorized by a director or supervisor.**
  
- B. Persons with criminal conviction records who do not report this information on their employment application are subject to denial of employment, or dismissal if already employed, for falsifying their employment application.
  
- C. Persons with Criminal History Records are not automatically disqualified for employment with Westmoreland County Public Schools. A number of factors are taken into consideration as part of the employment decision.

**APPLICATION FOR EMPLOYMENT  
SCHOOL BUS DRIVER OR MECHANIC**

**DRIVING RECORD:** (List all licenses)

Date	Number	Type	Expiration Date

List any license restrictions:

Has license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended? \_\_\_\_\_  
When? \_\_\_\_\_ Why? \_\_\_\_\_ Where? \_\_\_\_\_

**TRAFFIC ARREST RECORD:** (List all arrests, convictions or bond forfeitures, during the past 3 years)

Name of Court	Location	Date	Charge	Penalty

**ACCIDENT RECORD:** (List all accidents in which you have been involved during the last 5 years)

Date	City and State	Nature of Accident	Preventable or Non-Preventable	No. of Injuries	No. of Fatalities

**DRIVING EXPERIENCE:**

Vehicle	Years of Experience	Vehicle	Years of Experience
Automobiles		Commercial Bus	
School Bus		Trucks	

**MAINTENANCE EXPERIENCE:** (Check if experienced)

Woodworking Equipment		Body Work		Oxyacetylene Welder	
Sheet Metal		Electrical & Ignition Repair		Paint Spray Gun	
Clutch Rebuilding		Engine Rebuilding		Wheel Balancing	
Differential Rebuilding		Diesel Injection Equipment		Vacuum & Air Brakes	
Transmission Rebuilding		Electric Welder		Tire Recapping Mold	

List other special training \_\_\_\_\_

**HEALTH HISTORY:** Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Date of last physical examination \_\_\_\_\_

Do you have any of the following ailments? (check Yes or No after each)

Ailment	Yes	No	Ailment	Yes	No
Hernia or rupture			Convulsions (fits, epilepsy)		
Defective sight or hearing			Heart disease		
Tuberculosis			Venereal disease		
Head or spinal injury			Asthma		
Diabetes			Other condition due to disease or injury		

Are you presently under treatment for a health problem, either physical or mental? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you any physical deformities or amputations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Are you presently using any prescribed medicine or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Are you addicted to the use of drugs or alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received or applied for Workmen's Compensation for any injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe below:

Nature of Injury	Employer	State	Year

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**VIRGINIA DEPARTMENT OF EDUCATION  
RICHMOND, VIRGINIA 23218**

**REQUEST FOR DRIVING RECORD**

**(Required by Section 22.1-178 of the Code of Virginia)**

Date \_\_\_\_\_

Division of Motor Vehicles  
Driver Licenses and Information Department  
P. O. Box 27412  
Richmond, Virginia 23269

Gentlemen:

Please furnish a copy of driving record for the named subject who is an applicant for a job as school bus driver:

SUBJECT \_\_\_\_\_

ADDRESS \_\_\_\_\_

OPERATOR LICENSE NO. \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX M \_\_\_\_\_ F \_\_\_\_\_

REQUESTED BY:

SCHOOL NAME Westmoreland County Public Schools

ADDRESS 141 Opal Lane

Montross, Virginia 22520

SIGNATURE OF PERSON SUBMITTING REQUEST \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copy of driving record for the above subject is attached. Yes \_\_\_\_\_ No \_\_\_\_\_

DIVISION OF MOTOR VEHICLES  
Driving Licensing and Information Department

Date \_\_\_\_\_

By \_\_\_\_\_

To the applicant: Three references are required. Two of the three references must be work related.

**WESTMORELAND COUNTY PUBLIC SCHOOLS**

**Personnel Office**

**141 Opal Lane**

**Montross, Virginia 22520**

**Telephone (804) 493-8018 Fax (804) 493-9323**

Applicants Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

The above applicant has applied for a position in the Westmoreland County Public Schools. Your frank evaluation is requested of the applicant's character, personality, ability and such other characteristics as you would wish to have evaluated under similar circumstances.

Has the candidate, to your knowledge, any physical, mental, moral, or social peculiarities, or habits which would indicate doubt as to his or her potential success as an employee or as a desirable member of a community:

Yes \_\_\_\_\_ No \_\_\_\_\_

If he/she were applying to you for a similar position, would you accept him/her?

Yes \_\_\_\_\_ No \_\_\_\_\_

In terms of overall effectiveness, please rate this applicant by circling one of the following:

1 – superior; 2 – above average; 3 – average; 4 – below average; 5 – unsatisfactory

Is your reply based upon personal acquaintance \_\_\_\_\_? or records \_\_\_\_\_?

Please use the space below for your evaluation of the applicant.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Date: \_\_\_\_\_

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Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Relation to Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_