### **LIBERTY SCHOOL DISTRICT #362**



Liberty School District will provide a safe, nurturing, and rigorous learning environment, maximizing each student's potential today, with tomorrow in mind.

29818 S. North Pine Creek Rd., Spangle, Washington 99031 www.LibertySD.us

Elem/JH: (509) 245-3211 \* High School: 245-3229 \* Transportation: 245-3217 \* District Office: 624-4415

#### Dear Applicant:

Thank you for your interest in seeking employment with Liberty School District. Please review the following qualifications and requirements for school bus drivers.

#### Qualifications:

- ✓ Must be at least 21 years of age
- ✓ High school diploma or equivalent (GED)
- ✓ Must have five (5) years of prior driving experience
- ✓ Must possess current/valid driver's license
- ✓ No convictions involving physical molestation, abuse, injury or neglect of a minor
- ✓ Driving record must be free of violations for reckless driving, negligent driving, hit and run or driving while intoxicated.
- ✓ Able to deal with children and authorized school personnel

#### Requirements:

- → Prior to training, applicant must obtain a School Bus Driver Training Permit, unless an Intermediate Endorsement or equivalent is stated on driver's license
- ightarrow Complete a Bus Driver Training Course administered by the district Driver Trainer
- $\rightarrow$  Obtain a DOT physical from the doctor of your choice
- → Possess or obtain a current/valid First Aid Card
- → Submit a current/valid Driver's Abstract
- → Undergo pre-employment drug testing

Any and all expenses incurred (see attached "Pre-Employment Costs" page) will be the applicant's responsibility except for the drug testing costs. Once you have been hired as a driver or substitute driver, the costs will be reimbursed on a percentage basis.

If you have any question, feel free to call Transportation Supervisor Rick Brash at (509) 245-3217.

### LIBERTY SCHOOL DISTRICT #362 PRE-EMPLOYMENT COSTS FOR SUBSTITUTE BUS DRIVING

To become a substitute school bus driver, the following must be completed. The applicant pays all expenses. Once hired as a substitute driver, costs will be reimbursed on the following schedule:

40% of costs after first 60 school days 30% of costs after next 60 school days 30% of costs after next 60 school days

If employment ceases before the end of a school year, unpaid expense reimbursement amounts will be lost. If you are unavailable for work for one month or more, reimbursement will be delayed until you become available.

1.	Application	N/C
2.	Fingerprints	. (cashier's check or money order <b>ONLY</b> ) \$68.50
3.	Physical (doctor of choice)	varies
4.	Driver's Record	N/C
5.	CDL Written Test	\$35.00
6.	Learner's Permit	\$40.00
7.	Behind-the-Wheel Instruction	N/C
8.	CDL Driving Test	\$100.00
9.	CDL Driver's License	\$95.00
10.	First Aid Class	N/C if taken at Liberty
11.	Pre-Employment Drug Test	N/Ć

DOT physicals and drug tests are administered by US HealthWorks:

South Hill, 747-0770 Valley, 927-7010 2005 E 29<sup>th</sup> Ave 15425 E Mission Ave Spokane, WA Spokane, WA

Fingerprints are taken at NEWESD 101, located at 4202 S. Regal Street in Spokane. Call for an appointment: 509-789-3800.

The driver's record is obtained from the Department of Licensing (where driver's licenses are renewed). The written test is also taken there.

Behind-the-wheel instruction is supervised by Rick Brash using school equipment.

The driving test is given in Spokane, WA, using a Liberty school bus.

The first aid class will be given at Liberty and is a 4-hour class.

If you have any questions, please contact Rick Brash at (509) 245-3217 between 8:00 a.m. and 3:00 p.m., Monday through Friday.

## APPLICATION FOR EMPLOYMENT LIBERTY SCHOOL DISTRICT #362 TRANSPORTATION DEPARTMENT

29818 S. North Pine Creek Road, Spangle, WA 99031 Transportation Department Phone: 509-245-3217 District Office Phone: 509-624-4415 District FAX: 509-245-3288

NAME (Last, First, Middle)				
ADDRESS (Street, City, State, Z	(ip)			
PHONE Home: ( )	N	Лobile: ( )		
EMAIL ADDRESS				
DRIVER'S LICENSE NUMBER		ENDORSEMENTS (If any)		
EMERGENCY CONTACT (Nam	e, Phone Number(s) )			
LIST HOURS YOU COULD BE	AVAILABLE TO DRIVE			
EMPLOYMENT HISTORY				
IF NOT CURRENTLY EMPLOY	ED, CHECK APPROPRIATE	E BOX		
□ Never Employed □ Self-emp	loyed ☐ Previously Employ	ved: to_		
CURRENT EMPLOYER			□ Full-time □ Part-time	
ADDRESS (Street, City, State, Z	(ip)			
HIRE DATE	WORK HOURS	POSITION TITLE		
SUPERVISOR'S NAME		PHONE NUMBER		
OK to contact as a reference?	□ Yes □ No			
PREVIOUS EMPLOYER		POSITION TITLE		
		DATES OF EMPLOYMENT		
ADDRESS (Street, City, State, 2	(ip)	_ <u>l</u>		
SUPERVISOR'S NAME		PHONE NUMBER	_	
		THORIZ NOMBER		
OK to contact as a reference?	□ Yes □ No			
RELATED EXPERIENCE & DR		<u> </u>		
DRIVING EXPERIENCE, BY VE	HICLE			
VEHICLE TYPE YEARS		YEARS VEHICLE TYPE	YEARS	
Bus		Private Automobile		
Truck		Other:		
YOU WILL BE ASKED TO FURI	NISH PROOF OF YOUR DE	RIVING RECORD		
How many traffic citations have you received in the last three years?				
Have you ever received a citatio	n for any of the following:	Drunk driving	☐ Yes ☐ No	
		Reckless driving		
		Negligent driving		
		Hit & run driving	☐ Yes ☐ No	

EDUCATION	
HIGH SCHOOL (Name, City, State)	GRADUATION DATE
COLLEGE, BUSINESS OR TRADE SCHOOL (Name, City	v, State)
DATES ATTENDED	DEGREE/CERTIFICATE AWARDED
LIST ANY DRIVER INSTRUCTION COURSES ATTENDE	D
COURSE WHERE/WHEN/TYPE	
Traffic Safety Education	
Truck Driving School	
Bus Driver Training	
Defensive Training	
First Aid	
Other	
DEFENSES	
REFERENCES	
LIST TWO PERSONAL REFERENCES AND ONE EMPLO PERSONAL REFERENCE (Name, Address, Phone Numb	
PERSONAL REFERENCE (Name, Address, Phone Numb	per)
EMPLOYMENT REFERENCE (Name, Address, Phone Nu	umber)
LIBERTY SCHOOL DISTRICT #36	2 IS AN EQUAL OPPORTUNITY EMPLOYER
veteran or military status, sexual orientation, gender eder service animal in its programs, employment, and facilities to the Boy Scouts of America and all other charassment. The following employees have been opolicies: Kyle Rydell, Civil Rights Compliance Coordin 245-3211 ext. 2213, krydell@libertysd.us; Blaze Butter and State	basis of sex, race, religion, creed, color, national origin, age, expression or identity, disability, or the use of a trained guide dogd/or activities. The district will provide equal access to school designated youth groups. District programs will be free of sexual designated to handle inquiries regarding the nondiscrimination nator, 29818 S. North Pine Creek Rd., Spangle WA 99031, (509) urnham, Title IX Coordinator, 6404 E. Spangle-Waverly Rd., rnham@libertysd.us; Cyndi Freeman, Section 504 Coordinator, (509) 245-3211 ext. 2217, cfreeman@libertysd.us.
procedures necessary for employment. I hereby of	school bus drivers and have been advised of the certification declare the information provided by me in this Application for e best of my knowledge. I understand that if employed, any hall be considered cause for dismissal.
personal interviews with my neighbors, friends and a as to my character, general reputation, personal cha	igative consumer report containing information obtained through acquaintances. This report, if obtained, may include information racteristics and mode of living. I understand I have the right to to receive additional detailed information about the nature and
Signature:	Date:

#### Please answer the following pre-interview questions as part of the Application for Employment:

	<ol> <li>After driving school bus for one year, how would you want the children that ride with you to descril you to their parents?</li> </ol>	be
2.	Some bus drivers are able to manage the students with few problems, while others experience real problems with the same group of students. How would you explain the difference?	
3.	A student disruption occurs on the bus, but you are not sure who was responsible. How would you handle this situation?	
4.	How could a child's ride on the bus affect his or her attitude toward school (if important)? How will y strive to influence students' attitudes?	/ou

# SCHOOL BUS DRIVER ANNUAL DISCLOSURE FORM

Pursuant to WAC 392-144-160(3), all authorized school bus drivers will **annually** update a Disclosure Form in writing, signed and sworn under penalty of perjury, which updates the disclosure required in WAC 392-144-102(4). For the purpose of this *Disclosure Form*, "child" means a minor as defined by the applicable state or federal law and "conviction" shall include a guilty plea.

Answer YES or NO to each listed item. If the answer is yes to any item, explain in the area provided, indicating the crime(s) or finding(s), the date, and the court(s) involved.

1. Have you ever been **charged** or **convicted** of any misdemeanor, gross misdemeanor, or felony crimes against children or other persons, (including instances in which a plea of guilty or nolo contendere is the basis for the conviction) or under a deferred prosecution under chapter 10.05 RCW, including but not limited to the following as defined in RCW 43.43.830 (5), RCW 9A.36, RCW 9A.42 and RCW 9A.44 and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second or third degree assault of a child; first, second, or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter, first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

ANSWER:	If "YES," explain below.
	misrepresented or concealed a material fact in maintaining your school bus driver's authorization or in ent thereof in the previous five years?
ANSWER:	If "YES," explain below.

suspended, or rev	O within the preceding five years or had your commercial driver's license disqualified oked within the preceding five years; a certified copy of the disqualification, suspension, of ssued by the department of licensing being conclusive evidence of the disqualification ocation?
ANSWER:	If "YES," explain below.
4. Have you incurred five years?	three or more speeding tickets of ten miles per hour or more over the speed limit within the las
ANSWER:	If "YES," explain below.
previous five years position for which	ally and knowingly transported public school students within the state of Washington within the with a lapsed, suspended, surrendered, or revoked school bus driver's authorization in a authorization is required?
ANSWER:	If "YES," explain below.
	ally and knowingly transported public school students within the state of Washington within the swith a suspended or revoked driver's license or a suspended, disqualified or revoked license?
ANSWER:	If "YES," explain below.
students, teachers conduct which ind transporting child	erious behavioral problem which endangers the educational welfare or personal safety of bus drivers, or other coworkers? A serious behavioral problem includes, but is not limited to cates unfitness to carry out the responsibilities related to the occupation or job performance can, such as: dishonesty; immorality; or misuse of alcohol, a controlled substance, or furnished alcohol or controlled substances to a minor or student?
ANSWER:	If "YES," explain below.

3. Have you had your driving license privilege suspended or revoked as a result of a moving violation as defined in

8. Have you ever been <b>charged</b> or <b>convicted</b> of the physical neglect of a child under chapter 9A.42 RC physical injury or death of a child under chapter 9A.32 or 9A.36 RCW, excepting motor vehicle violation chapter 46.61 RCW; the sexual exploitation of a child under chapter 9.68A RCW; sexual offenses where a the victim under chapter 9A.44 RCW; the promotion of prostitution of a child under chapter 9A.88 RCW sale or purchase of a child under RCW 9A.64.030.			
AN	NSWER:	If "YES," explain below.	
9.		rged or convicted of any crime involving the use, sale, possession, or transportation of any e or prescription drug within the last ten years:	
AN	NSWER:	If "YES," explain below.	
10.	revoked, hit and run	arged or convicted of any crime involving driving when a driver's license is suspended or driving, driving while intoxicated, being in physical control of motor vehicle while intoxicated, gligent driving of a serious nature, vehicular assault or vehicular homicide, within last five	
AN	NSWER:	If "YES," explain below.	
11.		<b>rged</b> , or <b>convicted</b> of any federal crime or a crime committed in another state, equivalent to ed elsewhere in this <i>Disclosure Form</i> ?	
AN	NSWER:	If "YES," explain below.	
fore		2.085, I certify under penalty of perjury under the laws of the State of Washington that the correct. Any misrepresentation or willful omission of facts shall be sufficient cause for ent.	
Apı	oplicant Signature:		
Na	ame (Print):		
Da	ate and Place:	nte City	

## Liberty School District No. 362 Volunteer and Substitute Background Check Form

I am applying as a:	☐ Coach /Athletic	Dept. Volunteer	☐ Classro	oom Volunteer	☐ Subs	stitute Emp	oloyee
I wish to be involved	at: 🗆 Liberty	Elementary/Junio	r High	☐ Liberty High S	School		] Both
Clearance Application	and Disclosure, pursu	ant to Chapter 48	6, Law of 19	87, State of Washir	ngton		
Applicant's Full Legal	Name						
Date of Birth		☐ Female ☐ Ma	le Driver'	s License #/State _			
Address, City, State, 2	Zip			Phone _			
Email							
Last Name(s) of Child	(ren) if Different than	Yours					
Liberty Athletic Depo	<u>ırtment</u> applicant add	itional required inf	ormation				
Sport(s):							
First Aid Card? □ Y	es 🗆 No Course			Expiratio	n Date		
WIAA Clinics: (completion date)	General Rules	Concussion Mai	nagement	Sudden Cardiac	<u>Death</u>	Sport-Sp	<u>ecific</u>
Have you ever been:							
B. Found in any depe decision to have physic	e rape; first, second, or glary; first or second on; communication with degree criminal mistre ference; malicious halluct with a minor; patre erotic material to a nutitution felony indecer midency action or by a cally or sexually assaults.	or third degree rap degree extortion; in h a minor; unlawf eatment; child abus rassment; first, se ronizing a juvenile ninor; custodial as at exposure; or any court in a domest ted, exploited, or a	ne of a child; ndecent libe ful imprison se or neglect econd, or thi prostitute; c sault; violat of these cri cic relations abused any r	first or second deprities; incest; vehicument; simple assau, as defined in RCW rd degree child mobile abandonment ion of a child abusines as they may be proceeding or in a minor?	gree rob ular hom ult; sexu 26.44.0 olestatio ; promot se restra e renam ny discip	bbery; first licide; first lal exploita 20; first or ling pornogaining ordered in the farm Yes blinary boa	degree degree ation of second second graphy; er; child future)?
C. Released from Priso	on?					□ Yes	□ No
D. Convicted of any of	fense that involves dru	ıgs?				□ Yes	□ No
E. Convicted of any felony other than those listed? □ Yes □ No				□ No			
Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that this offer to volunteer with the Liberty School District may be contingent upon an acceptable response from the Washington State Patrol and/or federal law enforcement agency, whose criminal history review may be sought of all applicants. Only volunteers who have had a criminal background clearance may work with students unsupervised or unobserved.							
Applicant Signature				Da	ite		_
For Office Use Only							
	The background	check has:	Cleared	☐ Not Cleared			
Authorized by	/			Date			



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## ETHNIC/SUPPLEMENTAL INFORMATION FORM EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

(Optional Information)

**LIBERTY SCHOOL DISTRICT #362**, as an equal opportunity employer, has made a commitment to an affirmative action program and is required by state and federal guidelines, including corrective employment programs, to maintain certain information for reporting purposes. Therefore, we ask you to volunteer this information by completing the following. This information sheet will be removed and filed separately from your application for employment with the Liberty School District, and it will not be used to influence decisions of employing qualified applicants.

Nan	me: Date:			
	(Last, First)			
Age	: Under 40 40 and Over Sex: Female Male			
	TERAN STATUS:  you a disabled American veteran:  you a Vietnam veteran or more recent military action veteran?  Yes No  Yes No			
For pwith major	DISABILITY: For purposes of affirmative action, do you consider yourself to be a person of disability as defined by the Americans with Disabilities Act? (A person who "has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such an impairment, or is regarded as having such an impairment?") If yes, please explain.			
	No Yes (Explain)			
ŀ	ETHNIC GROUP: Check either Yes or No:  Hispanic/Latino:YESNO  RACE CATEGORIES: Check all that apply:			
	AMERICAN INDIAN/ALASKA NATIVE (I): A person having origin in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.			
	ASIAN (A): A person having origin 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 Islands, Thailand, and Vietnam.			
	BLACK (B): A person having origins in any of the Black racial groups of Africa.			
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (P): A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.			
	WHITE (W): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.			