



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
- Complete a Bus Driver Training Course administered by the district Driver Trainer
- Obtain a DOT physical from the doctor of your choice
- Possess or obtain a current/valid First Aid Card
- Allow a current Driver's abstract to be pulled.
- 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 questions, 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..... N/C
- 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 N/C
- 9. CDL Driver's Licensevaries
- 10. First Aid Class..... N/C if taken at Liberty
- 11. Pre-Employment Drug Test..... N/C

DOT physicals are administered by Concentra:

South Hill, 509-747-0770
2005 E 29th Ave
Spokane, WA

Valley, 509-927-7010
15425 E Mission Ave
Spokane, WA

Employment drug tests are administered by Spokane Testing Solutions:

357 E. 3rd Avenue
Spokane WA 99202
509-838-7133

Fingerprints are taken at NEWESD 101, located at 4202 S. Regal Street in Spokane. Call for an appointment: 509-789-3800. Make sure to let the district know before you go so a purchase order for payment can be sent to NEWESD 101.

Liberty School District will pull your driving record from the Department of Licensing. Your CDL written test will be taken at the DOL.

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 classes are given at Liberty twice per year as a 4-hour class, or alternately at Sheri's First Aid, 12308 E Broadway, #7, 509-995-4879.

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.

EDUCATION

HIGH SCHOOL (Name, City, State)	GRADUATION DATE
COLLEGE, BUSINESS OR TRADE SCHOOL (Name, City, State)	
DATES ATTENDED	DEGREE/CERTIFICATE AWARDED
LIST ANY DRIVER INSTRUCTION COURSES ATTENDED	
COURSE	WHERE/WHEN/TYPE
Traffic Safety Education	_____
Truck Driving School	_____
Bus Driver Training	_____
Defensive Training	_____
First Aid	_____
Other	_____

REFERENCES

LIST TWO PERSONAL REFERENCES AND ONE EMPLOYMENT REFERENCE (Do not list family members.) PERSONAL REFERENCE (Name, Address, Phone Number)
PERSONAL REFERENCE (Name, Address, Phone Number)
EMPLOYMENT REFERENCE (Name, Address, Phone Number)

LIBERTY SCHOOL DISTRICT #362 IS AN EQUAL OPPORTUNITY EMPLOYER

Liberty School District does not discriminate on the basis of sex, race, religion, creed, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained guide dog or service animal in its programs, employment, and/or activities. The district will provide equal access to school facilities to the Boy Scouts of America and all other designated youth groups. District programs will be free of sexual harassment. The following employees have been designated to handle inquiries regarding the nondiscrimination policies: Brett Baum, Civil Rights Compliance Coordinator, 29818 S. North Pine Creek Rd., Spangle WA 99031, (509) 245-3211 ext. 2213, bbaum@libertysd.us; Aaron Fletcher, Title IX Coordinator, 6404 E. Spangle-Waverly Rd., Spangle WA 99031, (509) 245-3229 ext. 1222, afletcher@libertysd.us; Cyndi Freeman, Section 504 Coordinator, 29818 S. North Pine Creek Rd., Spangle WA 99031, (509) 245-3211 ext. 2217, cfreeman@libertysd.us.

I have read and understand the qualifications for school bus drivers and have been advised of the certification procedures necessary for employment. I hereby declare the information provided by me in this Application for Employment to be true, correct and complete to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize Liberty School District to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

Signature: _____ Date: _____

Driver Name: _____

**LIBERTY SCHOOL DISTRICT #362
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.

2. Have you misrepresented or concealed a material fact in maintaining your school bus driver's authorization or in reinstatement thereof in the previous five years?

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 WAC 308-104-160 within the preceding five years or had your commercial driver's license disqualified, suspended, or revoked within the preceding five years; a certified copy of the disqualification, suspension, or revocation order issued by the department of licensing being conclusive evidence of the disqualification, suspension, or revocation?

ANSWER: _____ If "YES," explain below.

4. Have you incurred three or more speeding tickets of ten miles per hour or more over the speed limit within the last five years?

ANSWER: _____ If "YES," explain below.

5. Have you intentionally and knowingly transported public school students within the state of Washington within the previous five years with a lapsed, suspended, surrendered, or revoked school bus driver's authorization in a position for which authorization is required?

ANSWER: _____ If "YES," explain below.

6. Have you intentionally and knowingly transported public school students within the state of Washington within the previous five years with a suspended or revoked driver's license or a suspended, disqualified or revoked commercial driver's license?

ANSWER: _____ If "YES," explain below.

7. Do you have a serious behavioral problem which endangers the educational welfare or personal safety of students, teachers, bus drivers, or other coworkers? A serious behavioral problem includes, but is not limited to, conduct which indicates unfitness to carry out the responsibilities related to the occupation or job performance of transporting children, such as: dishonesty; immorality; or misuse of alcohol, a controlled substance, or a prescription drug; or furnished alcohol or controlled substances to a minor or student?

ANSWER: _____ If "YES," explain below.

8. Have you ever been **charged** or **convicted** of the physical neglect of a child under chapter 9A.42 RCW; the physical injury or death of a child under chapter 9A.32 or 9A.36 RCW, excepting motor vehicle violations under chapter 46.61 RCW; the sexual exploitation of a child under chapter 9.68A RCW; sexual offenses where a child is the victim under chapter 9A.44 RCW; the promotion of prostitution of a child under chapter 9A.88 RCW; or the sale or purchase of a child under RCW 9A.64.030.

ANSWER: _____ If "YES," explain below.

9. Have you been **charged** or **convicted** of any crime involving the use, sale, possession, or transportation of any controlled substance or prescription drug within the last ten years:

ANSWER: _____ If "YES," explain below.

10. Have you been **charged** or **convicted** of any crime involving driving when a driver's license is suspended or revoked, hit and run driving, driving while intoxicated, being in physical control of motor vehicle while intoxicated, reckless driving, negligent driving of a serious nature, vehicular assault or vehicular homicide, within last five years?

ANSWER: _____ If "YES," explain below.

11. Have you been **charged**, or **convicted** of any federal crime or a crime committed in another state, equivalent to any felony crime listed elsewhere in this *Disclosure Form*?

ANSWER: _____ If "YES," explain below.

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. Any misrepresentation or willful omission of facts shall be sufficient cause for termination of employment.

Applicant Signature: _____

Name (Print): _____

Date and Place: _____
Date City

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

I am applying as a: **Volunteer** **Substitute Employee**

I wish to be involved at the: **Elementary/JH School** **High School** **Both**

Clearance Application and Disclosure, pursuant to Chapter 486, Law of 1987, State of Washington

Applicant's Full Legal Name _____

Address, City, State, Zip _____

Phone _____ Date of Birth _____ Male _____ Female _____

Driver's License Number/State _____

Last Name(s) of Child(ren) if Different than Yours _____

Have you ever been:

A. Convicted of any crime against children or other persons (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 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 a child abuse restraining order; child buying or selling; prostitution felony indecent exposure; or any of these crimes as they may be renamed in the future)?.....Yes _____ No _____

B. Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have physically or sexually assaulted, exploited, or abused any minor?.....Yes _____ No _____

C. Released from Prison?.....Yes _____ No _____

D. Convicted of any offense that involves drugs?..... Yes _____ No _____

E. Convicted of any felony other than those listed?..... Yes _____ 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 _____ Date _____

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.

Name: _____ Date: _____
(Last, First)

Age: ___ Under 40 ___ 40 and Over Sex: ___ Female ___ Male

VETERAN STATUS:

Are you a disabled American veteran: ___ Yes ___ No
Are you a Vietnam veteran or more recent military action veteran? ___ Yes ___ No

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) _____

1. ETHNIC GROUP: Check either Yes or No:

Hispanic/Latino: ___ YES ___ NO

2. RACE CATEGORIES: Check all that apply:

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	BLACK (B): A person having origins in any of the Black racial groups of Africa.
<input type="checkbox"/>	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.
<input type="checkbox"/>	WHITE (W): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.