

DUCHESNE COUNTY SCHOOL DISTRICT
1010 E 200 N
Roosevelt, Utah 84066
435) 725-4500
www.dcsd.org

I. PERSONAL INFORMATION: DATE _____

NAME _____ Email Address _____
Last First Middle

MAILING ADDRESS: _____

Street/Box City State Zip

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

POSITION(S) FOR WHICH YOU ARE APPLYING: TEACHER/ADMINISTRATOR (Specify choice of Grade(s))

Subject(s) or Position _____

CUSTODIAN _____ MAINTENANCE _____ SECRETARY _____ AIDE _____

FOOD SERVICE _____ SUBSTITUTE _____ BUS DRIVER _____

OTHER _____

II. TRAINING AND EXPERIENCE: You must complete all applicable items in this section, or your application will be rejected. The information you give regarding your training and experience will be used to determine if you meet the minimum qualifications, and part or all of your examination may be based on the information you provide.

TRAINING: When claiming college, vocational, or other specified training, you must provide transcripts or other documents (original or copy) with this application.

Yes No

A. Have you graduated from High School or received an Equivalency Diploma (GED)

If NO, enter the highest grade completed

B. VOCATIONAL AND/OR OTHER	Dates Attended	Month & Year of
School		Degree/Certificate

C. COLLEGE/UNDERGRADUATE WORK	Dates Attended	Month & Year of
College/ University	Major	Degree/ Certificate

D. COLLEGE/GRADUATE WORK	Dates	Degree
College/University		

E. _____
CERTIFICATES OR SPECIALIZED TRAINING DOCUMENTATION

F. **LANGUAGES** (other than English)

Language	Level of Proficiency
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G. **FOR BUS DRIVERS ONLY:**

DRIVERS LICENSES

State	License No.	Type	Expiration Date
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DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles (Total)
		From	To	

Bus (School or Transit)	_____			
Straight Truck	_____			
Tractor & Semi-Trailer	_____			
Tractor & Two Trailers	_____			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

Dates	Nature of Accident (Head-on, Rear-end, Etc.)	Fatalities	Injuries
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Last Accident _____

Next Previous _____

Next Previous _____

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING)

Location	Date	Charge	Penalty
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Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Has any license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been convicted of a felony? Yes No

Yes No

(IF ANSWER IS YES TO ANY OF ABOVE 3 QUESTIONS ATTACH STATEMENT GIVING DETAILS)

The position for which I am applying is classified as a “safety sensitive” position and I understand and agree to the following: That all persons applying for, or holding “safety sensitive” positions are subject to alcohol and drug testing and that it is a violation of state policy to refuse to be tested; that an essential function of any job classified as “safety sensitive” is that the person holding such job be free of the drugs prohibited by the Omnibus Transportation Employee Testing Act of 1991 while on duty; that such person may not perform “safety sensitive” duties with a blood-alcohol concentration higher than .001; that if confirmed blood, urine, saliva or breath tests conclusively demonstrate that I have violated state or school district policies, I will be subject to disciplinary measures that may include termination from employment; and that I consent to the release of records of positive tests or any refusal to be tested for the preceding two years, and in the future when disciplinary sanctions result, to other school districts or other states via confidential transmittal through the USOE Pupil Transportation Specialist.

EXPERIENCE: Begin with your most recent or present employment and describe all periods of employment (full and part-time), including volunteer work. Attach additional pages as necessary, using the same format.

EMPLOYER _____ TELEPHONE _____
ADDRESS _____
YOUR POSITION/TITLE _____
SUPERVISOR _____ TELEPHONE _____
PERIOD OF EMPLOYMENT: FROM _____ TO _____
LAST MONTHLY SALARY _____

DUTIES/ACCOMPLISHMENTS:

REASON FOR LEAVING:

EMPLOYER _____ TELEPHONE _____
ADDRESS _____
YOUR POSITION/TITLE _____
SUPERVISOR _____ TELEPHONE _____
PERIOD OF EMPLOYMENT: FROM _____ TO _____
LAST MONTHLY SALARY _____

DUTIES/ACCOMPLISHMENTS:

REASON FOR LEAVING:

EMPLOYER _____ TELEPHONE _____
ADDRESS _____
YOUR POSITION/TITLE _____
SUPERVISOR _____ TELEPHONE _____
PERIOD OF EMPLOYMENT: FROM _____ TO _____
LAST MONTHLY SALARY _____

DUTIES/ACCOMPLISHMENTS:

REASON FOR LEAVING:

REFERENCES: List three persons who are not related to you and who have a definite knowledge of your qualifications for the position for which you are applying.

Full Name	Present Business or Home Address	Business or Occupation	Telephone Number
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III. BACKGROUND INFORMATION:

A. Have you ever:

1. been convicted of a violation of law other than a minor traffic violation?
(DUI and DWI convictions are not minor and must be reported.)
2. been arrested for a felony?
3. been charged with a felony?
4. been convicted of a felony?
5. been arrested (even if no contest or charges dropped or pled down) for a sex-related offense?
6. been charged (even if no contest or charges dropped or pled down) with a sex-related offense?
7. been convicted (even if no contest or charges dropped or pled down) of a sex –related offense?
8. been arrested (even if no contest or charges dropped or pled down) for a drug-related offense?
9. been charged (even if no contest or charges dropped or pled down) with a drug-related offense?
10. been convicted (even if no contest or charges dropped or pled down) of a drug –related offense?
11. been arrested for an act of violence, including domestic violence?
12. been charged for an act of violence, including domestic violence?
13. been convicted for an act of violence, including domestic violence?
14. pled guilty and had your guilty plea held in abeyance in a criminal proceeding?
15. been placed on probation in conjunction with a criminal charge or conviction?
16. been discharged or separated from a position with a school district or been asked to resign a licensed arrangement?
17. been the subject of an investigation by a school district or any other employer?
18. been denied a teaching certificate anywhere?
19. Has your professional license ever been revoked?
20. Is disciplinary action currently pending anywhere against your certificate?
21. Have you ever had sanctions placed on our teaching certificate for any reason?

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PROVIDE A LETTER OR EXPLANATION.

- B. Are you a citizen of the U.S.?
IF NO, are you eligible to work in the U.S. in accordance with immigration law?
- C. Are you willing to accept part-time or temporary employment?
- D. Have you ever worked for a school district in the State of Utah?
If so, where?
- E. Do you have any relatives currently employed by this district?
If so, who and where?
- F. Do you have a disability that prevents you from performing the essential functions of the job as described?
If so, then are there accommodations that would allow you to perform essential functions of the job that could be made by an employer?
If so, what are the accommodations that are requested?

IV. AGREEMENT: “I understand that any false statements, omissions, or misrepresentations in the application or interview process may result in the termination of the hiring process; the termination of employment, if provided; or the termination or restriction of benefits, should a false statement, omission, or misrepresentation be later discovered.”

“I understand that prior to being offered employment with Duchesne School District I may be requested to take an employment examination and/or be personally interviewed. In the event I have a disability which will affect my ability to take the test and/or my ability to effectively present myself at an interview, I understand that it is my responsibility to inform Duchesne School District so that a reasonable accommodation can be made. Accommodations may include accessible sites, modified conditions, and assessable testing formats. Duchesne School District reserves the right to require medical documentation concerning the need for the accommodation.”

“I understand that, as required by Utah Statute, I will be required to undergo an investigation of my background, including a criminal background check. I further understand that I may be required to pay for this investigation. In conjunction with this investigation, I authorize the release of information in connection with this application by former employers and supervisors. I agree to indemnify and hold harmless former employers and supervisors from any action in conjunction with their release of information with regard to these inquiries.”

(Signature)

(Date)

Duchesne School District is an equal opportunity employer. Applicants are considered on the basis of employment qualifications without regard to race, color, political affiliation, religion, sex, national origin, age, marital status, medical condition, or disability.

Application file is updated the beginning of each calendar year.

Completed Forms need to be emailed to the principal of the school you are applying to. You can find their email address on www.dcsd.org. If you are applying for a district job email the form to pbertoch@dcsd.org.